Patient Information/Pasiënt Inligting

DETAILS OF MAIN MEMBER (Person responsible for account)/ **BESONDERHEDE VAN HOOFLID** (Persoon verantwoordelik vir rekening)

Surname
Van: .....

Title
Titel: .....

Full names
Volle name: .....

Initials
Voorletters: .....

I.D. no / nr.: ☐☐☐☐☐☐☐☐☐☐☐☐☐

ENG ☐ AFR ☐

Postal Address
Posadres: ....

Code
Kode: .....

Residential Address
Woonadres: .....

Employer
Werkgewer: .....

Physical work address
Fisiese werksadres: .....

Tel
(H): ..... (W): ..... (Cell/Sel): .....

Faks/Fax No.: ..... E-pos/E-mail: .....

DETAILS OF PATIENT / **BESONDERHEDE VAN PASIENT**

Surname
Van: .....

Title
Titel: .....

Full names
Volle name: .....

Initials
Voorletters: .....

I.D. no / nr.: ☐☐☐☐☐☐☐☐☐☐☐☐☐

ENG ☐ AFR ☐

Residentioal adres:
Woonadres: .....

Tel
(H): ..... (W): ..... (Cell/Sel): .....

Medical Fund/Mediese fonds: ..... Plan option/Plan opsie: .....

Medical fund nr./Mediese fonds no:..... Dependant no/afhanklike no. .....

Religion/Kerkverband: ..... Pastor/Leraar: .....

Next of kin/ Naasbestaande : ..... Tel . .....

House Doctor/Huis Dokter: ..... Tel: .....

Referring doctor/ Verwysende dokor: ..... Tel: .....

OOREENKOMS DEUR PASIëNT / AGREEMENT BY PATIENT

I understand that the payment of services rendered remains my responsibility. I agree that should my account be handed over for collection, I shall be liable for all attorney and own fees, collection charges and all disbursements. I agree that the account and payment of account is subject to the prescribed Rate of Interest Act and that I remain liable for more interest on accounts that have not been settled within 90 days. I agree to inspection of and negative listings of my credit information should my account remain outstanding. I choose the above address as my domicilium.

Ek verstaan dat die verantwoordelikheid vir betaling van dienste ontvang steeds op my rus. Ek onderneem om, indien my rekening oorhandig word vir invordering, alle prokureur en eie kliënt fooie, invorderings kostes en uitgawes te vereffen. Ek verstaan dat my rekening onderhewig is aan die Wet op Voorgeskrewe Rentekoerse, en dat ek aanspreeklik is vir mora rente op al my rekeninge welke nie binne 90 dae vereffen is nie. Ek stem toe tot navraag op en negatiewe lysting van my krediet inligting sou die rekening uistaande bly. Ek kies bogemelde adres as my domicilium.

Verder verklaar ek dat die bogenoemde inligting waar en korrek is ● Further do I hereby declare that the above information is true and correct.

Signature
Handtekening: .....

Date
Datum: .....20.....